The Canadian Nurse

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MARCHING ORDERS

RUBY M. SIMPSON, President of The Canadian Nurses Association

The September number of the *Journal!* It seems impossible that we must, so soon, prepare for its publication: time passes rapidly for busy folk. Already the 1936 General Meeting of the Canadian Nurses Association is in the past, vacations are over and, renewed and refreshed, we are turning to serious thought of professional efforts and obligations. Naturally we look to the reports of the meeting held in Vancouver a few weeks ago, for a lead in our thinking and planning.

Elsewhere in this issue will be found under *Notes from the National Office*, a listing of the resolutions passed at that meeting. Study them carefully. You will be well repaid for the effort. They were neither formulated nor passed lightly. Rather, they are the result of several fairly strenuous days of concentrated thought and serious discussion of the problems which are confronting us as an organization and as a profession, by a group of over seven hundred nurses more than usually representative of the whole Dominion. They are clearly the marching orders for the next biennium.

The Canadian Nurses Association has a way of carrying all of its undertakings through to completion. Have you noticed that? It has been evident since the organization began. This year another of our big projects reached its first stage in this regard when the publication, "A Proposed Curriculum for Schools of Nursing in Canada" was laid on the table at the General Meeting by the chairman of the committee responsible for its preparation. The Curriculum Committee, after four years of intensive work, now rests and leaves its publication, accepted by the Association, with you for experimental use and for constructive criticism in the next two years. It will be available in both French and English, in quantity sufficient to supply the need of every school and at a price within easy reach of all. The committee has done a colossal and an excellent work and it is difficult to adequately express our thanks. The next stage must be left with the schools of nursing. The earnest hope is expressed that every school in Canada will now participate in the trial use of the Curriculum and will be prepared to comment on it in 1938. In so doing our real appreciation will be conveyed to the committee. Only a few copies of the Curriculum were available at the Vancouver meeting but the National Office is ready now to meet your requirements in this regard. Do begin your use of it as soon as possible.

The study of Dominion Registration is to be continued. Several Provincial Associations acknowledged candidly that the report of the committee referred to them in January, 1936, and published in the *Journal* in the April issue, had not been seriously studied, a fact which was deplored. Individual nurses, too, begged further time in which to be sure of the proposed organization and all its implications. Delay was, therefore, considered wise. It is urged that Associations begin

now to acquaint themselves with the proposed plan and to study it in particular relation to their own province. Send criticisms and suggestions to the committee. They will be welcomed. Ask for information. It will be willingly given. Any plan which is to work smoothly and prove satisfactory to each of the nine provinces requires much thought and careful preparation. Do your part to work it out. Definite action should be assured at the next Biennial Meeting.

Re-organization and development of registries is to be continued in the provinces but the whole matter of community nursing needs and ways in which the Canadian Nurses Association may participate in meeting these needs, has been referred to a special committee of which the President is convener, for discussion with the Victorian Order of Nurses for Canada. A sum of money has been allotted for the use of the committee in any experiment or experiments which it may be considered advisable to undertake. The study and consultation with the visiting nurse organization named will be undertaken at once, and reports may be expected from the Executive Committee early in 1937. This service to the community is recognized as one of our most pressing obligations at the moment. No effort will be spared by the committee to carry plans through to success.

The Congress of the International Council of Nurses, to be held in London in 1937, will, it is hoped, be attended by several hundreds of Canadian nurses as well as the full quota of official delegates to be sent from the Association. It is not too soon to begin to make time and finance plans for next July. In order to give every possible assistance to nurses who may contemplate the trip, Congress tours will be organized by our own National Office similar to the plan followed in 1933. Information with regard to these tours will soon be available. Why not write the executive secretary and obtain the listings of fares and sailings? A national meeting of nurses is replete with inspiration as we all know from experience. How much more so will be the opportunity to join with nurses from all corners of the world in doing honour to our profession and in discussing its problems. London in July of next year (Coronation year, too!): make it your objective. The trip can be accomplished with a surprisingly low expenditure.

As we are speaking of "Internationals," this is a good place to mention the recently organized National Florence Nightingale Memorial Committee of Canada. It is made up of the following: representing the Canadian Red Cross Society, Miss Jean Gunn, Mrs. H. P. Plumptre, Toronto, Mrs. Angus McDonald, Vancouver; representing the Canadian Nurses Association, Miss Elizabeth Smellie, Miss Grace M. Fairley, the President, and Miss Jean S. Wilson as secretary-treasurer. At a meeting of the committee held in Vancouver, Miss Fairley was named chairman. With the formation of this committee we now meet all the requirements of the Florence Nightingale International Foundation for full membership. Our Association committee will be continued at least until our five-year pledge is completed, which will be in 1938.

Now for our own affairs. The experiment of employing a full-time editor and business manager of our *Journal* is at an end. A definite appointment of this official was authorized by the General Meeting, the appointee to be, of course, the present incumbent of the office, who has given such distinguished service during the time of the experiment. Much has been done in these three years to build up *The Canadian Nurse*. Much remains to be done, as we have been seriously and persistently informed by the editor. The circulation campaign brought in more than 1,800 new subscribers. Now the editor and publications committee, with

your continued support and co-operation, plan to set about to consolidate the gains made and to make the *Journal* still better and more indispensable to you. You may count upon them. May they count upon you?

Some of our special committees have been discontinued, having fulfilled their purpose. Many remain and will continue to form the core of provincial and national activities. National Enrolment for emergency service, for instance, in which we have not yet reached the relatively low quota set in 1934. Some provinces are able to report success. Why not all? Perhaps a little more attention should be given to organization, perhaps more publicity is needed, perhaps our real interest has been lacking. Whatever the cause, we must go to our 1938 General Meeting with 3,000 names on the list. That was the clearly expressed feeling at the Vancouver meeting. It means work for local committees but it means also satisfaction in success.

And now with objectives clearly stated we begin another two-year term. That it will present difficulties, problems and discouragements, just as other terms have done, is well known to us all. Perhaps that knowledge is part of the joy of the challenge. Through it all we are increasingly conscious of a fact which each Biennial Meeting demonstrates: there is nothing which we cannot achieve "if we will have determination and hold together." So — Halifax in 1938 for further progress reports!

DIETARY TREATMENT OF DIABETES

MARION N. PENHALE, Assistant Dietitian, Victoria Hospital, London, Ont.

Success in the handling of a diabetic patient is directly proportional to the amount of education which he receives concerning his disease and its treatment. His future welfare depends, therefore, to a large extent upon the information conveyed to him by the physician, the nurse and the dietitian.

Diabetes has undergone a complete rationalization in the past two decades. The length of life of the diabetic of today well exceeds the life of the diabetic before the war. The mistake which was made in treatment then was in telling the patient what not to eat instead of what to eat. Many of the patients who carried out the instructions developed acidosis from prolonged carbohydrate starvation and died. Those who did not carry out the instructions had less chance of regaining health and vigour because of the constant wastage of sugar in the urine and the probability of the development of complications. It is interesting to note that the world-wide experiment of under-nutrition during the Great War clinched the importance of under-feeding in the control of diabetes. The incidence of the disease dropped markedly during that period.

Starvation was one of the first dietary measures for diabetes. Severe restriction of the intake of carbohydrate food did lessen the demand on the pancreas for the secretion of insulin and benefit resulted but our present knowledge of diabetes rules out starvation as a method of treatment on account of its tendency to

Presented as part of a symposium on diabetes at a Refresher Course arranged by District 1, Registered Nurses Association of Ontario, in London, March, 1936.

cause ketosis, as well as other disagreeable features related to it.

Another form of treatment was the employment of a high-fat-low-carbohydrate diet. This gave much better results than the previous method of starvation, especially after the discovery of insulin in 1921. This type of diet was most unpalatable and the patients who used it frequently required the injection of more insulin than those who receive the moderately-high-carbohydrate-low-calorie diet of today. The border-line of ketosis was very close, too, because the fat was as high as double the carbohydrate plus half the protein. An elevated temperature or a slight upset in health would quickly cause an acetone condition to develop.

Dietetic Considerations

The most popular diabetic diet at present is probably the moderately-high-carbohydrate-low-calorie diet. Its advantages are: (1) There is a greater margin of safety with respect to the acetone type of acidosis. (2) The diet is much more palatable. (3) As a rule, there is no great difficulty in keeping the urine sugar-free. (4) The patient loses the craving for forbidden foods, especially carbohydrates. (5) The diet is cheaper because it contains no special foods and much less of the expensive fats such as cream, butter and olive oil. (6) From the patient's point of view, there is an improvement in his mental and physical well-being. This last statement emphasizes the fact that we are treating the patient, not the disease.

Every gram of ingested food increases the burden of the metabolic functions and when the diet is restricted to a minimum, the greatest amount of rest is assured. In the dietetic consideration of diabetes, the intake of carbohydrate food must be regulated because diabetes begins with an impairment of the carbohydrate tolerance. There is very good reason for controlling the intake of fats as well, since an excess of fat can give rise to ketosis. This would seem to leave protein as the food of choice. It is not as simple as this, however, because proteins when broken down in the body liberate glucose and fatty acid radicals. Therefore, the intake of all food stuffs must be regulated.

The glucose equivalent of food stuffs is that part of our food which, when it is metabolized, changes to glucose. This includes 100 per cent of the carbohydrate, 10 per cent of the fat and 58 per cent of the protein. The fatty acid radicals from our food constitute 90 per cent of the fat and 42 per cent of the protein. There must be sufficient carbohydrate utilized to oxidize this amount of fatty acid. The fatty acid radicals are not such a matter of concern with the higher carbohydrate diets as they were with those of lower carbohydrate values.

As soon as a diagnosis of diabetes is made, the patient is often put on a low caloric or test diet. This diet may range in energy value from 900 to 1200 calories per day according to the severity of the diabetes and the age of the patient. Any diabetic can tolerate this low diet for several days and during this time the blood sugar frequently drops to normal, with or without the use of insulin. The allowance of food may be increased as soon as the urine remains sugar-free for a couple of days and the blood sugar becomes normal or nearly so. Afterwards, the diet is gradually raised and the insulin is varied, if necessary, until the patient is receiving enough food to carry on a normal life. Usually 1500 to 2500 calories per day is sufficient for this purpose. The caloric intake, as a rule, is kept 10 per cent below what is considered to be the normal requirement for the individual. Under no consideration must an adult diabetic be allowed to gain weight rapidly. A child must have more calories proportionately than an adult to allow for growth and activity.

The amount of protein which is necessary for adults equals 15 per cent of the days' calories or one gram per kilogram of normal body weight. For elderly persons, this requirement is lower and for children it is higher, namely, one and a half to two grams per kilogram of body weight.

The carbohydrate allowance is usually set at about 100 grams per day varying with the carbohydrate tolerance of the individual. The fat supplies the remaining calories and runs around the 100 gram mark also. The amounts of carbohydrate and fat vary but the protein must be kept fairly constant as mentioned above. As well as considering the protein, fat and carbohydrate, we must be conscious of the diabetic's need for minerals, vitamins, water and roughage and, therefore, plan the diet accordingly.

Selection of Food

Five and ten per cent vegetables form an important part of the diabetic's diet. These are bulky and satisfying and so overcome the sensation of hunger. The percentage of carbohydrate which they contain is so small and its absorption is so slow that the blood is not suddenly flooded with sugar. Just the opposite condition is desired, however, when a patient has an insulin reaction and the blood sugar is low. Concentrated carbohydrate in the form of dextrose is then given.

For patients with peptic ulcer and gastro-intestinal upsets, vegetables must be eliminated from the diet and they may be replaced by soda biscuits or bread. Five, ten and fifteen per cent fruits also are desirable for the diabetic. They replace desserts and are acceptable as a last course at meal times. Oatmeal is preferable to bread. It is served only once a day, being out of sight and mind at noon and night and it does not compare with bread as a temptation.

The types of meats for diabetics are not limited except those that contain much fat. The fat of meat is not easily reckoned, as simple inspection of any meat will show. When the diet is closely calculated, lean meat only is served. Butter and cream are used in moderate quantities.

Bread for diabetics must have a known percentage composition. Ordinary bread or a so-called "diabetic bread" made from a known recipe are the best kinds. The special "diabetic breads" made and sold by bakers are no good unless one knows what is in them. For the most part, the flour used for the manufacture of these breads is by no means carbohydrate-free despite the claims made for them. Diabetic foods on the market should not be used at all unless one is sure of their percentage composition and that this is authentic. Only standard foods should be selected because of less chance of dietetic errors.

The purchase of food scales is a good investment for a diabetic. The weighing of his food impresses upon him the need for accuracy. Therefore, every diabetic is advised to purchase scales and experience has proved that those patients who use scales do better than the ones who merely judge the amounts of their foods approximately.

In general, there is no place on the diabetic's diet for sugar or concentrated carbohydrate foods such as jams, jellies, preserves, honey, pie, cake, cookies or confections. These foods are dangerous and should carry a red light signal all the time for the diabetic.

In choosing foods, remember that "sugar *runs* into the blood; the carbohydrate of bread, potatoes, bananas and apples *walks* into the blood and the carbohydrate of vegetables *creeps* into the blood." A diabetic must thoroughly understand that if he keeps his urine sugar-free, his condition will improve gradually and continuously.

In the Hospital

Here are some practical points in choosing foods for the diabetic in the

hospital. The menu must be simple. Potatoes should not be included often on a diabetic's tray for the reason that the patient, knowing that this article of food is allowable, is liable to take more than the allotted amount at home. Do not serve vegetables buttered. Let the patient add the butter from his own supply. He knows then that he can not have vegetables from the family dish at home. Do not serve side-dishes such as pickles, cranberry jelly, and relishes. These may give the patient a leeway toward sweetened articles of this sort. Do not encourage the use of saccharin, rather discourage it. Many patients do not understand the difference between saccharin and sugar. They reason that if they can have saccharin, why can they not have sugar? If the patients find a sweetening agent to be a real necessity, suggest the use of powdered saccharin instead of tablets, because it is much cheaper. If using saccharin in diabetic cookery, do not boil it or heat it; rather add it to the food after cooking to prevent the development of a bitter taste.

Do not give the patients much bread; let fruits and vegetables supply the carbohydrate. The patients should be visited daily by the dietitian while they are in the hospital and their criticisms of the diet solicited. If possible, give the patients the foods which they want and, if they ask for foods that are not permissible, do not mince words, but tell them plainly why it is unwise for them to have those particular foods. They must understand that there are to be no mid-lunches or piecing on the sly. They must adhere strictly to the prescribed diet.

In the Home

The special nurse who is on duty with a diabetic patient in his own home should take complete charge of the preparation of the diabetic's trays. Plan the menu for the day and give it to the mistress of the house. If she is wise, she will fit in her family menu with that of the patent.

The cooking of foods for diabetics is simple. Vegetables are boiled until tender in boiling salted water, drained, weighed and served. Meat may be taken from the family roast of beef, lamb, veal or fowl, but it must be an inside cut. There is apt to be too much fat on an outside piece. If serving chops or steaks, never cook them in their own fat. They should be lean and cooked in Russian oil, or the butter from the patient's tray may be used. In the latter case the patient may have to eat his bread dry. No gravy thickened with flour may be served with the meats. Broth should be given only after all the fat has been skimmed off.

The special nurse should know the carbohydrate values of vegetables and fruits to prevent errors in the serving of the meals. She must be very careful to weigh and measure all foods accurately. It may be a bad policy for the nurse to juggle the diet and insulin of the diabetic in the home. One should know how to work out a prescribed diet and to make the necessary substitutions, otherwise get in touch with the physician or a dietitian. In any case the patient must not suffer. Guessing is always uncertain.

The diabetic whose duties or inclinations take him away from home should carry with him a simple diet list. If possible, he should patronize diabetic restaurants or go to hotels where the staff understands catering to those who are obliged to follow special diets. The waiter can be given the instructions for the chef regarding the preparation and the serving of the food. The chief point to keep in mind is to use foods without sugar, butter, gravies and sauces.

Food Substitutions

The problem which causes difficulty in diabetic management may not be organic in nature but rather may be related to human frailty which yields to an instinct for more food for self-preservation. This instinct has been the cause of a new field of development, that of food substitutions

and their place in the dietary treatment of diabetes. The patient should be introduced to the methods of substituting one food for another as soon as possible in the hospital. The ideal method is to insist upon all patients attending classes daily as soon as they are able to do so.

The patient whose diabetic condition has been regulated but who is still hungry can be taught how to raise the bulk of his diet by substituting bulky foods such as grapefruit instead of oranges, five per cent vegetables instead of ten per cent vegetables. If potatoes are being used, it is much better to replace them with fruits and vegetables. Fifteen and twenty per cent fruits should be replaced by ten per cent fruits and the amount raised accordingly. The patient should know that broth, well skimmed of fat, has no food value and it may be taken along with a soda biscuit from the supper tray before retiring at night.

On the other hand, if the bulk of the diet is too great, the patient must know how to reduce the bulk without altering the value of the diet. The five and ten per cent vegetables in this case are best cut out and potatoes served instead, or bread may take their place. The fruits included in the five and ten per cent groups should be replaced by fifteen and twenty per cent fruits. Thus the total amount of food will be reduced considerably and the diabetic who develops a cold or some other indisposition will thus be able to take the total number of calories in a smaller bulk of food. His diabetic condition will be kept under control and he will be much more comfortable than he would be if it were not possible to make these alterations.

When a patient is discharged from the hospital, he must be given a diet list to follow. It must be made very clear to him how to substitute bread for fruit, butter for cream, eggs for meat, buttermilk for whole milk and so on. Above all else we must see that he goes home with a serene and cheerful outlook on life and a satisfying diet which he will follow. Before a juvenile diabetic is dismissed, his parents must be taught how to take charge of his diet.

The family circle should be persuaded to eliminate concentrated carbohydrate foods such as pies, cakes, syrups and preserves, from their table. It is to the family's own interests as well as the patient's, to limit their intake of such foods as soon as one member has been found to be diabetic. The patient should be encouraged to eat at the same table as the rest of his family even though he must weigh and measure his food.

AN INTERNATIONAL OCCASION

From the July number of *The British Journal of Nursing* we quote excerpts which give an excellent account of the ceremony which marked the presentation of certificates to the students who have completed the courses given under the auspices of the Foundation. It is pleasant to find that two Canadian nurses are among this international group and that one of them, Miss G. J. Sharpe, science instructor in the School of Nursing of the Toronto Western Hospital, achieved distinction in certain courses. Miss Sharpe held the scholarship awarded annually by the Canadian Nurses Association. The excerpts follow:

The presentation by her Royal Highness the Duchess of Kent to the students of the Florence Nightingale International Foundation, who had successfully completed the International Courses held at Bedford College for Women (University of London) in conjunction with the College of Nursing on June 26th, was a most interesting and successful

function. The Hon. Sir Arthur Stanley, G.B.E., C.B., LL.B., Treasurer of the Foundation, presided with his usual geniality and irrepressible humour. Sir Arthur Stanley said that he was particularly glad to greet Her Royal Highness in the name of those present.

The chairman then called on Miss Daisy Bridges, S.R.N., a Sister at St. Thomas's Hospital, to address those present. Miss Bridges said that to address the International Students at this farewell gathering was both an honour and a privilege. She would not have the courage to speak at all before such a distinguished audience, did she not know that what she said would be accepted in the spirit in which it was meant, which was one of humility, of sincerity and good comradeship, and that she spoke not only for herself, but on behalf of great numbers of British nurses who would follow closely the record of the future achievements of the students and who wished them well.

The chairman then invited Miss Jebb to address the meeting, saying that he need not introduce to this assembly at Bedford College their much-honoured and beloved Principal, Miss Jebb. Miss Jebb said that the value of these courses to an academic person like herself was that the students gained something in addition to professional knowledge. They saw things from a different aspect. She felt a great interest in the course because if its broad educational advantage. There had been a very interesting development this year. It had been possible hitherto to arrange for students on their way back to their countries to see something of the nursing service in the countries through which they passed. That had been done this year on a more extensive scale.

Sir Arthur Stanley then invited the Duchess of Kent to present the certificates, and Miss Jebb announced the name of each as she appeared before the Duchess, and briefly stated the work she hoped to take up: Miss M. W. Astley will return to her post as sister-tutor in Auckland, New Zealand. Miss S. C. Bovill has just been appointed assistant matron, Manchester Royal Infirmary. Miss K. Bratt (distinction in psychology) has been appointed sister-tutor at Sahljren's General Hospital, Gothenburg, Sweden. Miss Y. Hentsch expects to return to her own hospital in Lausanne in an administrative capacity. Miss G. Holden will return to her post in the Zenana Bible and Medical School, Canada Hospital, Nasik, Bombay Presidency, India. Miss K. Laurinaviciute is returning to the Lithuanian Red Cross in an administrative capacity. Miss J. Manuel is returning to her post of matron of the King Edward Hospital in Indore, India. Miss A. C. Neill is returning to a post of supervisor at the Toronto General Hospital. Miss I. I. Pohjala has been appointed director of the State Central Preliminary School of Nursing, Helsingfors, Finland. Miss M. Reynolds will later hold the post of matron. Miss K. Scrymgour returns to the staff of the Adelaide Hospital, South Australia. Miss G. J. Sharpe (distinction in hospital administration and hygiene) returns to her post of science instructor, Toronto Western Hospital. Miss J. G. Thompson (distinction in the whole course) is working for the Diploma of Nursing and will do temporary work at the University College Hospital. Miss K. Whitsed returns as ward sister to the Leicester Royal Infirmary. Miss I. M. Abelgas has been appointed supervisor of public health nurses under the Philippine Chapter of the American Red Cross. Miss E. R. Bridges (distinction in psychology and hygiene) has been appointed assistant nurse instructor in the postgraduate school in Wellington, New Zealand. Miss M. E. Flambert (distinction in hygiene) is working for the Health Visitors' Examination and will take up health visiting in the autumn. Miss V. Dunbar returns to her position of assistant director of the School of Nursing, University of California, San Francisco.

The chairman then called on Dr. Eason, Vice-Chancellor of the University of London, to address the meeting. Dr. Eason said that he understood he was expected to address the International Students, and he was going to address them and nobody else. His message would be short. It would be in four words — and four words only — but he hesitated to say them in the presence of Sir Arthur Stanley and Dame Alicia Lloyd Still. They were: "Florence Nightingale is dead." He wished to say that, magnificent as the career of Florence Nightingale was, they must never allow themselves to be strangled and throttled by tradition. A friend of his, present that afternoon, said once: "If Florence Nightingale was the Lady of the Lamp she was also a lady with a lash." If she were here now she would lash as unsparingly as she lashed in the Crimea. Florence Nightingale was an individual, and the whole essence of progress was personality and individualism. They should always work for what they knew to be necessary without having any regard to those persons who say, "Because this is so it ought to remain so." Dr. Eason associated himself with the good wishes expressed for the success of the work of the students.

THE EDITOR'S DESK

Marching Orders

As announced in the August issue of the *Journal*, the principal feature of the current number is the publication of the full text of the resolutions adopted at the Biennial Meeting of the Canadian Nurses Association. Turn to *Notes from the National Office* and read each and every resolution carefully. Then read the leading article written by the President of the Canadian Nurses Association — having done both these things you will have received your marching orders. We know where we are going and we are on our way.

The Curriculum

The address, given by the convener of the Committee on Curriculum when presenting her report: "A proposed Curriculum for schools of nursing in Canada" to the Biennial Meeting, is published in full in this issue of the *Journal*. It deserves close study on the part of every Canadian nurse. This curriculum is not an academic abstraction conceived in a vacuum: it is a living force which will profoundly affect the life and work of nurses in Canada. The Curriculum is primarily intended for use as a guide in schools of nursing — yet its influence extends far beyond them. Upon it will be based certain standards which will be used to measure the qualifications of nurses aspiring to fill administrative, supervisory, and teaching positions. Critical appraisal of schools of nursing will be facilitated by using it. Plans for graduate study will be based upon it.

It stands to reason that although the Curriculum was accepted by the Canadian Nurses Association it is not to be regarded as having been graven on tables of stone or cast in imperishable bronze — its very format is proof to the contrary. The binding, the blank pages for comments on the part of the reader — all these show that the use to which the curriculum is to be put is that defined elsewhere by the President of the Canadian Nurses Association: "Every school in Canada will now participate in the trial use of the Curriculum and be prepared to comment on it in 1938."

Readers' Guide

Under the caption of *Notes from the National Office* will be found the reports of the three Sections of the Canadian Nurses Association and of the committees dealing with the Florence Nightingale Memorial and with health insurance. These will be found more illuminating if read in relation to the text of the resolutions and the President's article which comments upon them. △ We share the opinion of one of our friendly critics who told us the other day that "There is too much nursing organization and too little nursing practice in the *Journal* these days." Her and your attention is now drawn to Miss Penhale's admirable article on "Dietary treatment of diabetes." Miss Penhale is assistant dietitian at the Victoria Hospital, London, Ont. △ We agree with Miss Kniseley, director of the social service department of the Toronto General Hospital, that nurses ought to know more about hospital social service. In fact we are tempted to make even a broader application of this principle △ We had an awful time persuading the printer to spell Kennethe Haig's name with an "e." She is, of course, the well-known journalist who helps to make the editorial page of the *Winnipeg Free Press* the most brilliant in Canada. Incidentally she is a discerning and friendly critic of nurses and nursing. In "Cheering up the patient" she gives the comic relief this particular *Journal* seems to need. △ The attention of representatives to *The Canadian Nurse* is drawn to the bright ideas expressed in "The *Journal* at the Biennial."

THE JOURNAL AT THE BIENNIAL

As indicated in the August number of the *Journal* we nobly refrained from talking about ourselves in order that more space might be available for reporting the General Meeting of the Canadian Nurses Association. Now we present the amusing comment of "Vanetta," written by Miss Electa MacLennan, who was herself the captain of the efficient young campaigners who planned and carried out the arrangements for our booth.

ON DUTY AT THE BOOTH

As will be seen in the accompanying illustration the location was excellent. All who attended any meeting whatsoever necessarily had to pass the booth. Yet the fact that it was placed in an alcove prevented it from being an obstruction to traffic. The general effect was one of gaiety and movement. The huge *Journal* cover which formed the background was reproduced in the original blue tones and the effect from the main foyer was so charming that Rotarians, Kiwanians (and even Conservatives!) made complimentary remarks.

The general arrangement of the booth was governed by a single objective: to show that the *Journal* serves, equally, nurses engaged in all branches of nursing service and education, and that it is the official organ of the Canadian Nurses Association. These facts were demonstrated by the boldly designed placards which surrounded the table. On the table itself were placed a series of most ingenious and amusing groups of paper dolls, each group representing a typical nursing or educational activity. Some of the dolls carried little banners setting forth the functions of our national nursing *Journal*.

Prominently displayed was a large suggestion box which we hoped would be stuffed with grand ideas by eager critics. The total number collected over the entire week was four! However, all of these were very much to the point and will be dealt with in a subsequent issue.

As graphically described by "Vanetta" the troops consisted of a captain, four lieutenants and fifteen soldiers. The complete roll of honour is as follows: *Captain*, Miss Electa MacLennan; *lieutenants*, Miss C. Clibborn, Miss Ada Barlow, Miss D. Olmstead, Miss J. Murdoch. The troops included Mrs. Eades and Misses Olund, M. Phelps, K. McMillan, D. Barton, L. Makepeace, E. Graham, V. Williams, M. Moffatt, M. Johnson, N. Armstrong, H. Keeler, B. Underhill, F. Innes, E. Davies. The whole "army" was recruited from the Science Girls' Club of the University of British Columbia. The membership of this club is made up of women who have completed or are now taking the degree course in nursing offered by the University. Membership is also granted to nurses who, like Miss Electa MacLennan, are graduates of other universities.

But now let us survey the scene through the bright eyes of Vanetta who, in this sprightly letter to Mary, gives us her own lively version:

Dear Mary:

This week has been so full of interesting and exciting events that I just could not find time to do any letter writing. The long-awaited and much-talked-of convention is now history. All the meetings were most interesting and well attended but I can best describe it as we saw it from *The Canadian Nurse* booth.

'Tis eight o'clock on Monday morning. But this is no ordinary Monday morning — no indeed! It is June 29 — the Monday on which opened the Biennial Meeting of the Canadian Nurses Association. The Hotel Vancouver is alive with nurses and, as they step from their taxis and elevators, *The Canadian Nurse*, dressed in its shining blue, greets them from the steps of Peacock Alley. And such excitement! Nurses who have not met for years endeavour to exchange all the gossip in one short breath; young Alumnae, "conventioning" for the first time, timidly ask their way about — awed by the nonchalance of the senior members — hardened conventioners! In the midst of all this commotion (and commotion it is) stands the nurse at the *Journal* booth, calm and cool. Even after hours of directing delegates to the Wedgwood Room and the Oval Room, hungry Kiwanians to the Spanish Grill and replying, "No, madam, we are *not* handling the tickets for the Gardens Beautiful Tea. Sorry," to every seventh passer-by, her calm is undisturbed.

But I'm ahead of my story. It all began like this. Early in the year the Arrangements Committee asked some of the *Journal* representatives to be responsible for *The Canadian Nurse* exhibit during the week of convention. These representatives accepted their commission seriously and after great deliberation and careful consideration developed this plan:

Firstly: the exhibit shall take the form of a booth (pictured above) at which shall be posted well-informed nurses to answer queries and exchange ideas concerning the *Journal* and—perhaps—receive subscriptions. (Little did we think that our booth would be the information desk for the Conservative Convention — Yes, Madam, Room 267 on the second floor!)

Secondly: the convener of the committee shall be known as the captain and she shall appoint several lieutenants who, in turn, shall each choose four or more assistants.

Thirdly: each lieutenant will be responsible for the booth and mobile units for one day of the convention and she will need two assistants for each session held on that day.

Fourthly: the lieutenants will meet the captain before the Convention to receive complete and detailed instructions.

Such was the original plan — it really worked very well and now, with a bow to experience, we can give a few "helpful hints to hurried hexecutives." Our first task was to appease that greedy monster, finance, before

HERE ARE CANADIAN NURSES AT WORK. TO WHICH GROUP DO YOU BELONG?

we could begin preparations on our booth. None of us being artists ourselves we sought out those among us who were — to wit, talented student nurses, occupational therapy patients and interested friends — to make our posters and models. And here is helpful hint number one: should you ever want to do a similar project, you will be surprised how much latent talent you have in your own school and hospital and, *presto*, your expense account is minimized.

Our next problem was where to turn for our assistants — with everyone apparently so busy. We were fortunate in having an organized group, the Science Girls' Club of the University of British Columbia, who were willing and glad to assist. The married members and those in school work, not being tied by hours on duty, were a godsend to the committee and, helpful hint number two: remember the married nurse — she can use her husband's car!

But don't think for a minute, Mary, that this was all work and no play. I have yet to meet the nurse who refuses to have her tea cup read. Then, too, there were the luncheon sessions, the banquet and the reception. We learned here that when people are in gala dress they are but little interested in such mundane things as magazines and records, so another time we would not assign assistants for these sessions — the visiting Rotarians will have to get their directions elsewhere.

Now that everything is over for the nonce we will have a breathing space before the Fall work starts. With such a successful experience behind us we are rather looking forward to spreading our wings a bit in other parts of the Province. I will be interested in hearing what you are doing in your province, both locally and provincially. What do you think of the idea of having such material as posters and models available for all the provincial centres? It certainly should reduce expenses locally.

I have rambled long enough, but it was a grand convention!

VANETTA.

What Was Gained

Certainly, to quote the captain, everyone who attended was made "*Journal* conscious" and interest was greatly stimulated. A goodly number of new subscribers were gathered in and some backsliders brought back into the fold. And this was not all: an excellent object lesson was given concerning the proper way to help the *Journal* at Association meetings. We are sure that delegates from all the Provinces noted this.

The outlay in actual money was about ten dollars—and the exhibit is intact and will be used again at subsequent meetings in British Columbia. The cost in terms of hard work, good organization, ingenuity and artistic talent cannot easily be estimated. Yet those who worked together to make the enterprise a success seemed to feel that the effort had been worthwhile. Why? *Because they believe in our national* JOURNAL.

FATHER DAMIEN

With all honour the remains of Father Damien, a simple peasant priest, who gave his life to succouring the lepers of Hawaii nearly fifty years ago and eventually contracted the disease from which he died, were brought back to his homeland on May 3rd. The leper apostle's remains were received at Antwerp by King Leopold of the Belgians and dignitaries of the Church. A special *Daily Sketch* picture shows the draped bier, containing the coffin, drawn by six white horses and flanked by priests and soldiers, on its way to Antwerp Cathedral. The body will finally rest in the Belgian hamlet of Tremeloo, Father Damien's birthplace.

The British Journal of Nursing.

Department of Nursing Education

REPORT OF THE CURRICULUM COMMITTEE

The National Curriculum Committee was organized under the Nursing Education Section of the Canadian Nurses Association in 1932. It was assigned the task of constructing a curriculum for schools of nursing in Canada. The committee has taken four years to complete its obligation, and the curriculum report is now prepared in tentative form for presentation at this Biennial Meeting.

It is to be emphasized that the proposed curriculum is not to be regarded as a complete or finished piece of work. It is being presented in the form of a tentative report with the idea that it will be approved by the Canadian Nurses Association for use in schools of nursing in Canada for a limited period of time. Constructive criticism will be invited during this period. Blank pages are reserved for comments at the end of each chapter, and the form of the book is such that these pages can be detached and submitted to the Curriculum Committee to assist in the work of revision.

The curriculum report represents the efforts of members of the Canadian Nurses Association throughout Canada. All Provincial Associations have participated in the work and the Curriculum Committee wishes to acknowledge and to express appreciation of the interest taken by various groups in schools of nursing, in private duty and in public health organizations. Their contributions have been most valuable.

The organization and work of the committee has been a natural outgrowth of the *Survey of Nursing Education in Canada*. The findings of the *Survey* revealed many defects in our system of nursing education. It proved to the nursing profession that nursing education was failing to prepare the nurse for the general practice of nursing in the community. Therefore, it was with the definite idea of providing adequate nursing for Canadian people through a better general preparation of all nurses that the Curriculum Committee was appointed and assigned its task.

When the original six members met in the fall of 1932 to discuss the plan of organization, it was agreed that the preparation of a curriculum for schools of nursing in Canada was a national enterprise and demanded the strongest support of experienced nurses engaged in active nursing service in all fields. It was decided, therefore, to organize the work to secure participation throughout the Dominion. At intervals, during the past four years, reports have been published in *The Canadian Nurse* outlining the plan of organization and progress of the work, and time must not be taken at this meeting for reminiscence. Suffice it to say that a sub-committee was appointed in each province, the president as convener, and supported by the chairmen of the three provincial sections. The co-operation of these sub-committees has been appreciated.

Recommendations contained in the report of the "Survey of Nursing Education in Canada" indicated the need for some immediate adjustments in the system of nursing education in Canada, and pointed the way for a more detailed study of the administrative and teaching problems in schools of nursing. Using the findings as a basis, two questionnaire studies were prepared. The first study dealt with administrative problems, and the second dealt with the more detailed matters relating to the curriculum itself.

This report was presented at the General Meeting of the Canadian Nurses Association which took place on July 2, 1936, at Vancouver, B.C.

The studies were widely circulated and were answered by various groups and individuals. The responses to these studies were assembled and evaluated and the data secured was used as a basis for the construction of the curriculum.

The convener has taken time to make reference to this procedure in order to emphasize the fact that although the analysis or study stage of the work was time-consuming, and the assembling and evaluating of answers was somewhat of an arduous task, it was quite worth the effort. As a result of this process, this tentative curriculum report is in large measure a reflection of the best opinions of experienced nurses in Canada. The personnel of the committee, classified according to service fields, will also serve to indicate the broad area from which valuable information was secured.

There are a few specific facts regarding the curriculum report which should be stated in order that the discussion which is to follow may be based on a common understanding:

Firstly, the proposed curriculum deals with educational problems of a school of nursing within a hospital. The independent professional school of nursing may not be so remote as present conditions would indicate, but such an educational achievement can only come about gradually through a continuous effort and persistence on the part of the nursing profession to raise the standards of education of schools of nursing maintained by hospitals. It is through this avenue that, eventually, schools of nursing will be publicly recognized and supported in the same way as are other professional institutions. Therefore, this proposed curriculum deals with the more immediate adjustments in administration and teaching which in this supposedly transition stage, should be accomplished during the next few years. While extreme standardization is not recommended in any educational system, there is urgent need for more uniformity in schools of nursing throughout Canada, and the proposals contained in this curriculum should be carefully considered by those responsible for the preparation of nurses.

Secondly, the content of the curriculum is that which should prepare the nurse for the general practice of nursing whether it be in the hospital, the home, or the community. All nursing deals with cure, prevention and health, and these three essentials of knowledge and practice should receive attention in the undergraduate course. This so-called basic course should be sufficiently broad and flexible to provide a sound foundation for later specialization in any field.

Thirdly, the construction of this curriculum has been built around the answer to the question: What are the functions of a nurse in a modern community? These functions are stated in Chapter I of the Report, which is entitled "Education for nursing service." These functions provide the aims or reasons for the selection of instruction and experiences which will qualify the student to fill her place in a modern community. An analysis of community needs will show that the student nurse of today requires a different type of preparation from that which has been provided in the past, and a complete summary of adjustments which have been suggested are included in Chapter I. These adjustments, or new emphases, have a direct bearing upon the organization and function of the curriculum and indicate many changes which should be made in the curricula of schools of nursing. Chapter II, "The essentials of administration of a school of nursing", should, therefore, receive serious consideration. It is the first topic to be presented on the discussion programme which follows this report.

Chapters III and IV deal with staff and students and their selection and quali-

fications are outlined in some detail. This subject constitutes the second item on the discussion programme. Chapter V deals with general principles of organization of the curriculum. It is the acceptance of these general principles which will improve the quality of education and bring about more uniformity in the general plan of education in schools of nursing throughout Canada. The essentials of education which must be provided for in the curriculum are stated in the beginning of the chapter.

While a general plan of classroom and clinical experience is proposed, and approximate time periods suggested in connection with the various courses of instruction and practice, no definitely prescribed time limits are stated. It would appear that an over-emphasis has been placed upon the number of hours assigned to various courses in schools of nursing: there has been a tendency to judge the quality of courses by the number of hours assigned to their instruction, rather than by the quality of teaching, the selection of subject matter, and many other factors which make for effective learning. When the courses outlined in this proposed curriculum have been tested in the schools and a better idea has been obtained of the detail of subject matter which is needed, then the time element will be more easily determined.

Chapter VI logically follows, dealing with the outline of courses. This chapter will be of particular interest to teachers and supervisors. It was the general opinion that fewer and better courses should be included in the curriculum. Accordingly an attempt has been made to simplify, co-ordinate and integrate all necessary instruction and practice. It is impossible, in this short session, to explain the whole plan in detail. Attention is drawn to the fact that there is no course entitled "Psychology"; such necessary knowledge forms an integral part of the course in mental hygiene. The outline of the instruction in mental hygiene and psychiatry is not the work of the Curriculum Committee, but is a contribution of the Canadian National Committee on Mental Hygiene. The course "Personal hygiene", which in many schools has been taught in relation to the health of the systems of the body, has been entirely reorganized. Student nurses should believe themselves to be potential health teachers, and the plan suggested is that of a method course in which principles and methods of teaching are discussed in relation to appropriate subject matter for teaching purposes. The personal health instruction which the student nurse will need is to be given through the health service, which should function to meet the individual needs of the students. The chapter dealing with staff suggests the inclusion of a well-qualified public health nurse on the teaching staff, and it is proposed that she should be responsible for the organization of the health service and for instruction in health education. Sociology has not been set up as a separate subject, but it forms an integral part of the course "Community health and social needs", which is designed for the third year, previous to a period of community nursing experience. The History of Nursing outline is the result of a group project, undertaken by the students, of this last year, in the School for Graduate Nurses, McGill University. It is continued in a course which is given at a later time, entitled "Opportunities, trends and developments in nursing." It was the general opinion that ethics of nursing should not be taught as a formal subject, but rather that ethical problems should be discussed in connection with actual experience. An attempt has been made, therefore, to include the discussion of ethical and professional problems in the course in question.

Chapter VII follows, dealing with cli-

nical experiences and effective methods of teaching and learning in contact with actual nursing situations. It is the general concensus of opinion that much more attention should be paid to the organization of the clinical programme, and to better teaching and supervision of students in their practice fields. The essential services which are recommended are: medical (including communicable diseases), surgical, paediatrics, obstetrics, and a period of community nursing. Should these services not be available in the home school, the question of affiliation arises. The problem of securing for every student a period of experience with a public health organization is one of vital concern, and the situation has been stated as clearly as possible in the concluding paragraphs of the chapter. Chapters VI and VII, therefore, outline the whole plan of classroom, clinical and community experience and these phases also have a place on the discussion programme.

Chapter VIII, which is the last, discusses in a very general way tests and measurements, and records. The staff of the Ottawa Civic Hospital accepted the responsibility of collecting and evaluating records. A splendid piece of work has been accomplished. It is suggested that a committee should be appointed which will continue this work. There are, however, four sample forms included at the end of the book, two of which are efficiency records. Schools of nursing using this form of record realize that the qualities of students can be rated much more objectively than has been possible by previous methods. Suggestions for improvement of these records will be invited at a later date.

With the publication of this tentative report in the form of "A Proposed Curriculum for Schools of Nursing in Canada", the Curriculum Committee has completed its first task. The next two years, 1936 to 1938, are suggested as the trial period for the Curriculum, constructive criticism to come as the result of its use during this period. For this purpose wide distribution of the proposed Curriculum should be encouraged. The National Office of the Canadian Nurses Association will no doubt accept responsibility for this distribution. The following two-year period, 1938 to 1940, might be anticipated as the possible period of revision, although a longer period of use may be advisable.

MARION LINDEBURGH, *Convener.*

A PROPOSED CURRICULUM
FOR
SCHOOLS OF NURSING IN CANADA

This publication gives the full text of the findings and recommendations of the Committee on Curriculum. The price is one dollar. Copies may be obtained from

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Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON : CANADA

Department of Public Health Nursing

HOSPITAL SOCIAL SERVICE

J. M. KNISELEY, Director, Social Service Department, Toronto General Hospital.

Dr. Cabot once jokingly described the hospital social service department as the "shock absorber of the institution." It may be that, but it is something more. It plays a very definite part in the cure and prevention of disease. The very presence of the patient in hospital is due to the fact that some defect in health has already made itself manifest; hence, our first contact with him is in an effort to cure. While it is the physician who must examine, diagnose and treat the patient, it is the social service worker upon whom rests the responsibility for securing information about his home, his work, his family or his worries, if the diagnosis—in some cases at least—is to be more than a provisional one. Once the diagnosis is made there follows the treatment, and it is the duty of the social service worker to discover whether or not the environment is conducive to recovery, and if there are facilities for carrying out the treatment prescribed. This information is of value in the treatment of both ward and clinic patients.

If the intensive treatment he has received in hospital is not to be an economic loss, some follow-up supervision must be given on his discharge from the wards. Unless a man suffering from inflammatory rheumatism goes to a comfortably warm home and is supplied with sufficiently warm clothing, and a proper diet, what avails it that he has spent weeks in hospital under expert treatment? When a child, living under sordid conditions, is admitted to hospital suffering from a nervous ailment which has robbed her of the power to walk, and talk and eat, what avails it if, after months of intensive treatment which has resulted in recovery from this functional disorder, she is allowed to return to the environment which caused it? Surely the social service nurse is doing good team-work with the physician when she sees that satisfactory provision is made for these patients, and surely she is contributing her share toward the saving of man-power and money for the country, to say nothing of the part she is playing in the alleviation of human suffering.

The presence of the social service worker in the clinics is of great value. The clinic patient is dependent upon his own intelligence, and his circumstances may prevent his carrying out the doctor's orders. The simplest instructions are often misinterpreted by the patient who, even if he does understand what he is to do, may not have the facilities for carrying out instructions. Here, too, it must be seen that unless there is some definite result from clinical attendance, all the time, energy, and material used in equipping and staffing the out-patients' departments are lost. Not only is this true, but it is also a fact that the regular supervision of the clinic patients serves to prevent unnecessary hospitalization.

The question is sometimes raised as to whether we, who are responsible for the admission of new patients, are not sometimes a little lax in our efforts to keep down unnecessary attendance. The following story will illustrate our efforts along that line. A mother applied at the admitting desk to have her boy of fifteen admitted to see a nerve specialist because of a speech defect. Questioning revealed the fact that this stuttering was a development of only two years' standing. The question as to what was the retiring hour for the boy brought from the mother, "There, see that? And I cannot get you

to bed before eleven or twelve." Further questioning revealed a frequent attendance at movies of the most exciting nature, and the bolting of breakfasts in order to get to school in time. The boy was refused admission to clinic, and the mother was advised to insist upon early retiring, cessation from the movies, and time for proper eating for at least two weeks. If at the end of that time there was no improvement in the boy's condition he would be admitted to the clinic for investigation. The mother seemed to be quite willing to make the trial.

Hospital social service is not essentially a relief-giving agency, though a certain proportion of the organization's expenditure is for relief. All this follow-up supervision cannot be carried on without some spending of money. Clothing has to be given when necessary, surgical supplies must be provided for those who cannot pay for them; dentures, glasses, insulin syringes and scales may be required to complete the cure or treatment. Car tickets must be supplied for those unable to walk to clinics when they have not the means of providing them. But in the expenditure of money on relief there is always the one objective in mind: the return of the patient to his normal level of health.

COMING EVENTS

Institute

An institute has been arranged under the auspices of the School for Graduate Nurses of McGill University, which will deal with syphilis and its control. Emphasis will be placed upon the share which nurses should take in this phase of preventive medicine. Lectures and discussions dealing with various aspects of the general topic will be held on Monday evenings during the month of October at 8.15 p.m. in the Medical Building of McGill University. The fee for the entire series is one dollar. The topics have been tentatively scheduled as follows:

October 5—Syphilis: the situation in Canada and in Montreal.

October 12—What we know about syphilis.

October 19—Diagnostic and treatment possibilities and facilities. Prognosis.

October 26—Opportunities and responsibilities of the nurse in controlling syphilis.

It is hoped that all nurses will avail themselves of this opportunity of learning how best they may serve in helping to prevent, cure and control one of the worst of all plagues. Further details will be given in the October number of the *Journal*.

District Meeting

The Autumn meeting of District 5, Registered Nurses Association of Ontario, will take place at Barrie on Saturday, September 26, 1936. Afternoon and evening sessions will be held. Miss Ethel Cryderman, president of the Registered Nurses Association of Ontario, will give a report of the Biennial Meeting of the Canadian Nurses Association recently held in Vancouver.

Department of Private Duty Nursing

ON CHEERING UP THE PATIENT

KENNETHE M. HAIG, Member of the Editorial Staff, *Winnipeg Free Press.*

As one layman to another, let us put ourself on record that when it comes to hospital visiting we had almost as leave go merrily to the dentist. When it becomes harassingly clear that we must step into the ward of the whitewashed wall our character crumples. Our knees exhibit wavering tendencies. Our breathing becomes gaspy. The clerk is immediately sympathetic. She takes the initiative and asks us kindly for the name of the patient. We manage to tell her. She searches her file and at once cheers up. The patient in question is well on the way to recovery. (Beyond a doubt he or she is. Else we certainly would not be there.) Just along the hall to the elevator and the nurse on the floor will direct us.

We get along quite well in the elevator but as soon as the designated section is reached the thought strikes us that perhaps we had better just leave a salutation and remove ourself. The lowest form of animal life — if that — is the position of laymen when extremely starched nurses and doctors are briskly going about their occasions. If not caught at this stage we are lost. When we do manage to get into the patient's room the things we have carefully thought up to say escape us and all we can do is smile feebly. The patient has to take charge and give us the low-down on this strange world, who is across the hall and down the way and how they are getting on, and that Number 6 is going out today, and what Number 8 was remarking in the sun-room that morning. As we are just about recovering and may be on the threshold of a coherent remark a white cap appears at the door. Nothing will then stay our flight. Well, that's over, say we, as we reach home and take an aspirin.

Just recently, friends who manage hospitals have been telling us that it isn't that way at all. They assert that there are numbers of persons, great numbers of them, who positively gloat on visiting these institutions. They will visit when they are wanted and when they are not wanted. They come under various classes, some entering in several. We did not hear that any one person attained them all, but the hospital people got too gloomy as they broke down and told all, to give a definite answer on that point.

There are the visitors who bring small children with them, just to give the patient a treat. There are those who honk motor horns just outside. Nothing can be done about this species. There are those who feel it beneath their dignity to pay any attention to visiting hours. They will come when it suits them. The hospitals just have those regulations for ordinary people. This type usually resent the request not to remain too long with very sick patients.

Some, perhaps irreproachable in private homes, step right out in a public institution and just let their cigarette discards fall where they may. Others who mean well bring along a snack for their sick friend, something tasty — without confiding in the nurse or doctor. Others, who must be endowed with a nerve that should be preserved in a museum, seat themselves on the patient's bed and get real chatty.

It appears that topics of conversation are not a trouble at all to certain visitors. They bring forward other people's experiences in hospitals, or explain that things are not going too well at the patient's

(This article is re-printed from the *Winnipeg Free Press* with the kind permission of the author.)

home what with this and that. Others settle right in for the day with choice reminiscences of their operations.

Some — so the hospital folk assert — make themselves helpful by rearranging bandages or dressings, and some seize the opportunity to give their opinions to the nurse or doctor. This makes a big hit.

Then there are those — who must be in a class by themselves — who ask to see operations. It was at this juncture that the hospital managers got incoherent. We really do not think, however, that they had anything further to confide. There must be a limit somewhere — and they had reached it.

BOOK REVIEWS

TEXTBOOK OF PSYCHIATRY, by Arthur P. Noyes, M.D., Superintendent, State Hospital for Mental Diseases, Howard, Rhode Island. Second edition. Completely revised and reset. 321 pages. Published by the Macmillan Company of Canada, St. Martin's House, Toronto. Price, $2.50.

This work was originally published in 1927 and in this revised edition has been practically re-written. The aim of the book, as defined by Dr. Noyes, is as follows: "During the period which has elapsed since the first edition of this book appeared, there has been in both medical and nursing professions an increasing appreciation of the fact not only that mental and emotional problems of the patient may find expression in the guise of physical symptoms but also that the various physical diseases often create mental and emotional problems which may complicate their course and treatment. For this reason an effort has been made to bring out more clearly the fact that the physical and mental components of the personality cannot be separated and that therefore for the nurse fully to do her part in helping her patient to become a healthy, adjusted individual she must understand the needs of the mind no less than those of the body."

It may be stated at once that this objective has been fully attained. The opening chapter gives an excellent introduction to the whole subject and demonstrates with admirable clarity the modern approach to psychiatry. The chapters which deal with psycho-analysis and schizophrenia are especially good though necessarily brief. The list of references is excellent. The book as a whole is greater than the sum of its parts and is not only authoritative but readable.

GYNECOLOGY FOR NURSES, by Harry Sturgeon Crossen, M.D., Professor Emeritus of Clinical Gynecology, Washington University School of Medicine, and Robert James Crossen, M.D., Instructor in Clinical Gynecology and Obstetrics, Washington University School of Medicine. Second edition. 316 pages with 365 illustrations. Cloth, $3.00. St. Louis: The C. V. Mosby Company, 1936; Canadian Agents: McAinsh & Co. Limited, Toronto.

Part 1 of this book is devoted to a brief survey of gynecologic diseases and the treatment of them. Part 2 is devoted to a discussion of gynecologic nursing. Considerable emphasis is placed upon the details of operating room technique and a series of good illustrations make this part of the book especially valuable. The specific directions for various procedures are clearly formulated and would prove excellent check lists for use when the respective duties of the nursing staff in the operating room are being worked out. This book will be found particularly useful by nurses who wish to qualify themselves as operating room supervisors.

EYE, EAR, NOSE AND THROAT MANUAL FOR NURSES, by Roy M. Parkinson, M.D., Head Oculist and Aurist to St. Joseph's Hospital, San Francisco, California. Third edition. 252 pages with 72 illustrations. Cloth, $2.75. St. Louis: The C. V. Mosby Company, 1936. Canadian Agents: McAinsh & Co. Limited, Toronto.

This manual was originally published in 1925 and in its revised form is a useful and compact source of information. The first seven chapters are devoted to a brief discussion of the diseases of the eye, ear, nose and throat. Three succeeding chapters deal with operative procedures and one chapter deals with nursing care and treatment. Part Three deserves the careful attention of public health nurses for whose benefit it was written.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

RESOLUTIONS FROM THE GENERAL MEETING OF THE CANADIAN NURSES ASSOCIATION — 1936

International Council of Nurses

Resolved:

1. That the Canadian Nurses Association send its full complement of delegates, that is the President and four members, to the International Council of Nurses Congress to be held in 1937.

2. That the Canadian Nurses Association undertake to organize Congress Tours in 1937 as was done in 1933.

Florence Nightingale International Foundation

Resolved:

1. That in order to conform with the Constitution of the Florence Nightingale International Foundation a National Florence Nightingale Memorial Committee of Canada be formed, consisting of three (3) members of the Canadian Red Cross Society and four (4) members of the Canadian Nurses Association, one of whom shall act as secretary-treasurer; that the representatives of the Canadian Nurses Association be the President, the convener of the Florence Nightingale Memorial Committee of the Canadian Nurses Association, Miss Elizabeth L. Smellie and the Executive Secretary.

2. That the present Florence Nightingale Memorial Committee of the Canadian Nurses Association be retained for the purpose of the completion of our pledge for 1934 to 1938 inclusive.

3. That as the expenses of the Florence Nightingale Memorial Committee are small the Canadian Nurses Association continue to carry this expense rather than debit it to the Florence Nightingale Memorial Fund.

The Curriculum

Resolved:

1. That the Canadian Nurses Association accept the publication entitled "A Proposed Curriculum for Schools of Nursing in Canada" and refer it to the Provincial Associations of Registered Nurses for experimental use within their respective borders during the next biennial period.

2. That as the Canadian Nurses Association has accepted "A Proposed Curriculum for Schools of Nursing in Canada" for a two-year experimental period and as there are members of the Canadian Nurses Association who do not speak nor read English,

Be it resolved: That a translation into the French language be made in order to allow the French Schools of Nursing to share in the two-year experiment.

University Postgraduate Courses

Resolved:

That as the educational standards for admission to University postgraduate courses for nurses vary and because the need for standardization is obvious in view of the requirements for graduate nurses seeking positions in public health, institutions, etc.,

Be it resolved: That the Canadian Nurses Association request each University giving such courses to permit only those nurses with University Entrance qualifications to enter, unless in cases where a recommendation to the contrary be made by the Director of the University School of Nursing concerned.

Dominion Registration

Resolved:

1. That whereas the principle of Dominion Registration has been re-endorsed by the Provincial Associations;

And whereas it is deemed advisable to allow further time for more intensive study by the Provincial Associations and nurses in general, before action is taken by the Canadian Nurses Association;

Therefore be it resolved:

(a) That the Committee on Dominion Registration for Nurses in Canada be re-appointed and asked to clarify its report in the light of both the discussion and the resolutions referred to it at the general session of the Biennial Meeting, July 3, 1936;

(b) That, in order to secure definite recommendations from each Provincial Association, the Report as clarified be submitted by the Committee to the Provincial Associations for study prior to their annual meetings in 1937;

(c) That, in order to allow time for adequate consideration of the Report before the Biennial Meeting in 1938, the Committee be asked to submit its final report to the Executive Committee of the Canadian Nurses Association by December 1, 1937;

(d) That the Provincial Associations be asked to consider the suggestion of extending an invitation to a member of the Committee to discuss the question with them.

Community Nursing Service Bureaux

Resolved:

1. That a committee of the Canadian Nurses Association be appointed to discuss with the Victorian Order of Nurses for Canada the question of the establishment of community nursing service bureaux; this committee to report back to the Executive Committee of the Canadian Nurses Association.

2. That the Executive Committee be authorized to draw upon the resources of the Canadian Nurses Association to the extent of Four Thousand Dollars ($4,000.00) each year for the next two-year period for the development of any experiment or experiments in the re-organization of community nursing registries or bureaux which may be authorized by the Executive Committee following the report of the special committee appointed to consider this question.

3. That the Provincial Associations of Registered Nurses be asked to proceed with plans for the re-organization of registries and that they submit their proposals to the Executive Committee of the Canadian Nurses Association for consideration by the committee appointed to study the plans for the establishment of community nursing service bureaux.

Miscellaneous

Resolved:

1. That the section of the Report of the Legislation Committee dealing with changes in the Constitution and Bylaws which affect the Canadian Nurses Association as a whole be adopted.

2. That the committee appointed in regard to the formation of religious guilds be discontinued, although all are agreed that there is a great need for emphasizing the spiritual in the life of the nurse.

3. That in order to develop the religious influence in the life of the nurse, graduate and undergraduate, the Canadian Nurses Association appoint a committee to give the question further consideration.

4. That the suggestion contained in the report of the Special Committee on Publicity for Higher Education for Nurses that this Committee be discontinued, be accepted.

5. That the Special Committee on Health Insurance and Nursing Service be continued.

6. That provision be made for the Executive Secretary to attend at least one Executive Meeting in each year, the time and place of such meeting to be decided by the President.

7. That the invitation from the Registered Nurses Association of Nova Scotia to hold the General Biennial Meeting 1938 in Halifax be accepted.

The Canadian Nurse

Resolved:

1. That following a preliminary period of active promotion, the consolidation of the gains already made, logically follows, but in order that this objective may be attained the improvement of the *Journal* itself must be the primary concern.

It is therefore resolved: That the Publications Committee be requested to report to the Executive Committee of the Canadian Nurses Association concerning (a) measures which should be taken to improve the format and content of the *Journal;* (b) ways and means by which such measures might, if approved, be put into operation.

2. That the Executive Committee study the question of the salaries of the assistants of the Editor of *The Canadian Nurse* and give increases if it is considered advisable after the matter has been given careful study.

Nursing Education Section

Resolved:

That as a motion presented during the General Meeting of the Canadian Nurses Association in 1934, recommended that the Central Curriculum Committee become a Committee of the Canadian Nurses Association, and in so much as the recommendation was referred back to the Nursing Education Section for further investigation and study;

Therefore, it is resolved: That the Central Curriculum Committee shall remain a Committee of the Nursing Education Section of the Canadian Nurses Association for a further period of two years.

Public Health Section

Resolved:

That the expenses of the Chairmen of the Sections, when attending meetings of the Executive Committee of the Canadian Nurses Association, at the request of the President, be paid from the treasury of the Association, instead of as at present, from the treasury of the Section.

REPORT OF HEALTH INSURANCE COMMITTEE

I beg to submit herewith the report of the Committee on Health Insurance and Nursing Services which was appointed by the executive of this Association, at its quarterly meeting in Regina, Saskatchewan, on December 8, 1934. The committee is composed as follows: Miss A. F. Lawrie, Regina; Miss Helen Wills, Regina; Ruby M. Simpson, Regina, convener.

In October of 1934, it was noted in the public press that the Federal Government of the day, through its Department of Pensions and National Health, proposed to call a conference in Ottawa, at a date not stated but presumably imminent, of the Ministers of Health of the various Provincial Governments, to discuss health matters and responsibilities affecting the provinces in particular and the Dominion in general. It was freely reported that consideration of the subject of health insurance would have a prominent place on the agenda. Although health insurance had been discussed by the Canadian Nurses Association and had been given considerable attention in the report of the *Survey of Nursing Education in Canada*, no official representation had ever been made to the Dominion Government, relative to the inclusion of nursing services in any Dominion-wide plan which might be inaugurated. Considerable alarm was felt lest the health conference, in its sessions, might make

definite decision to proceed with plans and because nothing was before it on the subject, might omit entirely the essential services of nursing.

The matter was brought to the attention of the Executive of the Canadian Nurses Association at its December meeting and the small committee, to be convened by the president as outlined above, was appointed to deal with the matter. It was decided that the committee should prepare a statement, outlining necessary nursing services and their relation to health insurance, for presentation to the Prime Minister of Canada, to the Minister of Pensions and National Health in the Federal Government and, if possible, to the proposed health conference. The committee was instructed to secure assistance in the preparation of the outline from the executive of each Provincial Association, from the National Joint Study Committee and from such prominent and experienced members of the Association as they thought wise to consult. These instructions were carried out as follows:

(1) At the request of the committee a formal letter was addressed to the Prime Minister of Canada, by the president of the Canadian Nurses Association, requesting that nursing services be included in any Dominion-wide plan for health insurance which might be formulated. It was felt that this action might prove a safeguard in the event of the health conference being called, on short notice at an early date and before the outline could be completed by the committee.

(2) A preliminary outline was prepared stating briefly the organization and status of the Association and listing reasons why nursing needs should be considered in plans for health insurance.

(3) This preliminary outline was submitted to each Provincial Executive, to the National Joint Study Committee and to certain representative nurses, for criticism and suggestions.

(4) Replies, which contained helpful and constructive criticism, were received from all to whom the outline was sent.

(5) From the suggestions received, the outline was re-worded and returned to the Provincial Executives and to the National Joint Study Committee for further comment. On receipt of this it was further re-worded and presented to the Executive of the Canadian Nurses Association at the meeting of March, 1935, for approval. A copy of the outline in its final form is attached to and forms a part of this report. It will be noted that it is an *outline* only and contains no suggestion as to a *plan* for nursing services and health insurance. Rather it is a plea for inclusion in any plan adopted. It was agreed that such procedure was wise since details could readily be supplied when required. Plans for the presentation of the report to Dominion Government health officials and at the health conference, were left to the committee, by the Executive. They were carried out as follows:

(1) The health conference of Provincial Ministers of Health was finally announced for April 24 and 25, 1935, at Ottawa.

(2) Miss Jean Gunn, Miss Elizabeth Smellie and the Executive Secretary of the Association, Miss Jean S. Wilson, were appointed by the President to go to Ottawa for the days of the health conference, for the purpose of the presentation of the outline as prepared. Miss Gunn assumed leadership at the President's request.

(3) Dr. George M. Weir, Provincial Secretary for British Columbia and Director of the Survey of Nursing Education in Canada, 1929-1931, consented to present the outline at the conference if the opportunity afforded, with Dr. J. M. Uhrich, Minister of Public Health for Saskatchewan, to support him. Copies of the outline were supplied to both these gentlemen considerably in advance of the conference dates.

(4) Each Provincial Association was asked to urge support from the Minister of Health of their province, through a telegram to reach him, in Ottawa, on the first day of the conference.

On the day preceding the conference our representatives were in Ottawa for interviews, previously arranged by the President, with Sir George Perley, then Acting Prime Minister, and Honourable Donald Sutherland, M.D., then Minister of Pensions and National Health. The outline on health insurance and nursing services was presented to each and assurance was received that it would be placed on permanent file for future reference. On the day of the opening of the conference our representatives were advised that permission had been granted for their attendance as observers at the sessions of the conference, formal request for which had also been made previously. Our representatives reported a most courteous reception from Federal Government officials and from those in attendance at the conference. As you know, the conference resulted in a decision to appoint a Health Commission to investigate the whole field of health services in Canada, with a view to acquiring data on state medicine and health insurance, such Commission to be composed of representatives from the medical and nursing associations and from financial, labour and insurance interests.

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The convener of the committee, as President of the Association, expressed to the Prime Minister of Canada, the thanks of the Association for courtesy extended to our representatives and sincere appreciation of the intention to include a representative of our Association on the Health Commission when appointed and offered whole-hearted co-operation in the work of the Commission. To date the Commission has not been appointed.

The committee has done nothing further, as nothing seemed possible, with the appointment of the Commission pending. It is recommended, however, that health insurance be continued as a special committee of the Association. Such a committee would keep closely in touch with public events along this line in the various provinces and in the Dominion at large and submit such information to the Executive. A close study should be made of the whole matter and such material as might be required by the Association in the event of the inauguration of a general plan should be, even now, in the process of preparation. This would be the responsibility of the committee, with the active co-operation of Provincial Associations and the National and Provincial Joint Study Committees.

The committee wishes to express appreciation of the splendid assistance given in its work by the Presidents and Executives of the Provincial Associations, by the National Joint Study Committee and by individual nurses throughout Canada. Special mention must be made of Miss Jean Gunn, who was untiring in her efforts and her assistance to the committee.

RUBY M. SIMPSON, Convener.

REPORT OF NIGHTINGALE MEMORIAL COMMITTEE

The work of this committee has been carried out entirely by correspondence. In the fall of 1934, and again in 1935, letters were sent to each provincial convener reminding them of the recommendations presented and adopted at the biennial meeting in Toronto, to raise an amount during the five years, commencing 1933-4, of £1,250 for scholarships and £1,250 towards the endowment fund. These letters also enlarged upon any points of interest or importance, offered suggestions, and urged a contact being made with all Alumnae Associations, student groups, local associations and married nurses who might be interested in the project.

These were followed by another letter early each year, in most cases coinciding with the provincial annual meetings, and the results are felt by the committee to have been reasonably satisfactory. Many questions were asked by the conveners, showing a certain lack of knowledge about the whole scheme, and in 1935, following a request made to the Canadian Nurses Association executive for the publishing of fuller information, Miss Jean Wilson prepared a brochure outlining the objects of the Foundation and giving a great deal of information, presented in a very interesting and attractive way. These were sent to all provincial conveners to forward to their affiliated groups and were felt by them to be definitely helpful.

The donations received by Provinces for the three years are as follows:

	1934	1935	1936	Total	Total for 1935-6
Alberta	$ 134.35	$ 225.80	$ 80.33	$ 440.48	$ 306.13
British Columbia	250.00	587.65	386.15	1223.80	973.80
Manitoba	255.45	223.80	531.95	1011.20	755.75
New Brunswick	140.20	190.30	190.15	520.65	380.45
Nova Scotia	30.15	113.65	121.70	265.50	235.35
Ontario	593.75	778.99	603.35	1976.09	1382.34
Prince Edward Island	50.00	50.00	50.00	150.00	100.00
Quebec	343.00	303.00	348.30	994.30	651.30
Saskatchewan	200.00	377.10	381.40	958.50	758.50
The total amounting to	$1996.90	$2850.29	$2693.33	$7540.52	$5543.62

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Of this, two scholarships have been awarded amounting to $2,485.03 and the sum of $1,946.25 sent forward for the permanent endowment fund. The third scholarship has now been awarded and after it has been paid and the amount for the current year sent forward to the endowment fund there will be a balance of approximately $614.00. It is with satisfaction that your committee announces that the entire quota for these three years has been met. In an effort to stimulate interest and also that donations could be published as well as officially acknowledged, the editor set aside a page of *The Canadian Nurse* for items of interest.

There has been very little expense attached to this committee other than multigraphing, postage and the publishing of the brochure, but your committee feels that this should be paid out of the Foundation funds rather than the general account of the Canadian Nurses Association. Each provincial association has borne the expense of collecting its own funds, thereby considerably reducing the cost to the national committee.

At the 1934 meeting in Toronto it was decided by motion that the financial progress of the Foundation was to be reviewed in 1936. The reason for this action, you may remember, was that we made a five years' pledge but had not completed the first year and the members in general session felt there might be some adjustments necessary following the subsequent two years' experience. Also, we did not know what support other countries would give. In the light of the past two years' experience as well as the first year (1933-34), your committee feels that we (the Canadian Nurses Association) can with reasonable safety pursue the same policy for the next two years, which will complete our obligation.

It may be remembered that this association sent forward certain recommendations to the inaugural meeting of the International Foundation Committee which met on July 5, 1934, and at which, unfortunately, no member of the Canadian Nurses Association was present. These recommendations were dealt with: (1) Faculty of the School of Nursing; (2) Appointment of and academic background of a nurse director; (3) Policy of receiving suggestions and recommendations from member countries; (4) Scope of development of the courses given — stressing research in nursing education as well as postgraduate courses; (5) Elective opportunities for nurses with a good command of English.

A copy of the Trust Deed of the International Foundation was received and the second ordinary general meeting at which these recommendations were dealt with as well as recommendations from other countries was held on July 2 and 3, 1935, and Miss Jean I. Gunn was appointed by the executive to represent the Canadian Nurses Association. Miss Gunn submitted a very full report.

One point which caused considerable misgiving was that, in spite of our quite active committee which has functioned for over two years, Canada was not at that time considered as being a National Committee because the Red Cross Society was not represented on it. The Canadian Red Cross Society had definitely stated its inability to contribute to the funds although it expressed interest in the Foundation. As Miss Gunn was officially representing the Canadian Nurses Association and it was evident that the International Council had adopted the policy of equal representation of the International Council of Nurses and the League of Red Cross Societies and that National Committees should be similarly organized, it was necessary to take some action. Up to this point the feeling of most of the members in Canada had been that, knowing the financial straits that the Red Cross Society was in, both nationally and provincially, it was illogical to ask it to be represented on the Foundation Committee when it could not give financial support.

With this compulsory change in policy, the Canadian Nurses Association executive then approached the Canadian Red Cross Society explaining the situation, and Lady Drummond and Colonel Buckley were appointed, thus conforming with the international constitution. The policy of the International Council of Nurses in forming this joint commitee with the Red Cross Society is not surprising for we cannot forget what the League of Red Cross Societies had done for the progress of nursing in all countries, as well as financing for several years the postgraduate courses at Bedford College and later the munificent gift of the Manchester Square residence, now known as Florence Nightingale International House.

At this time also the Canadian Nurses Association executive appointed Miss Jean Wilson as secretary of the Canadian Nurses Association Foundation Committee, which has greatly facilitated matters, especially between the International Foundation and the National. When Miss Gunn reached London for the meeting in 1935 she presented a special report and endeavoured to have the situation clarified as far as Canada's position was concerned. This was satisfactorily done.

An interesting point in the report of that meeting was that the recommendations from the American Nurses Association were almost identical with those sent in by Canada, although

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they were sent almost a year later. There is no doubt that these recommendations had some bearing on the action taken by the International Committee which resulted in the generous gift by the Rockefeller Foundation for the purpose of making an exhaustive survey of the Bedford College educational facilities and all other resources available for students taking the courses, and the announcement that Miss Kathleen Russell, R.N., of the University of Toronto, had been appointed in charge of this survey gave great pleasure to our Association.

It is therefore suggested that the Canadian Florence Nightingale Memorial Foundation Committee comprise, along with the three appointed members of the Canadian Red Cross Society, four members of the Canadian Nurses Association. These members could with advantage include the president and convener of the Florence Nightingale Memorial Committee of the Canadian Nurses Association and the executive secretary who would act as secretary-treasurer. This would form a desirable link between the two committees.

A chairman would have to be appointed and it would appear essential that a nurse member be chairman — certainly for the first few years. It is also suggested that the present Florence Nightingale Memorial Committee of the Canadian Nurses Association continue for the ensuing two years (which will complete the five years' pledge) or until the Canadian Nurses Association ceases to ask for donations through the provincial organizations. This committee would function as at present but would send the donations to Miss Jean Wilson as secretary-treasurer of the Canadian Florence Nightingale Memorial Committee instead of as secretary of the Canadian Nurses Association Committee.

In presenting this report the committee wishes to express its indebtedness to the provincial conveners for their excellent support during the past two years.

GRACE M. FAIRLEY, Convener.

ADDENDUM TO FOREGOING REPORT

As noted in the above report, and in order to conform with the constitution of the Florence Nightingale International Foundation, all countries participating in the Foundation have been requested to organize along similar lines, that is, with joint representation of their National Red Cross Society and National Nurses Association. The National Florence Nightingale Memorial Committee of Canada has now been organized and the members appointed by the Canadian Red Cross Society are Mrs. Plumptre and Miss Jean I. Gunn of Toronto, and Mrs. Angus Macdonald of Vancouver, with Miss Ruby M. Simpson, Miss Elizabeth L. Smellie, Miss Grace M. Fairley and Miss Jean S. Wilson representing the Canadian Nurses Association.

The inaugural meeting of this committee was held at the close of the recent General Meeting of the Canadian Nurses Association in Vancouver, when representatives from both groups were present. Miss Grace M. Fairley was appointed chairman and Miss Jean S. Wilson as secretary-treasurer. Plans were formulated for the 1936-37 campaign.

Through the National Florence Nightingale Memorial Committee of Canada, supported by the Florence Nightingale Memorial Committee of the Canadian Nurses Association with representation from the nine provinces, it is hoped that the objective for the next two years will be obtained. The recently appointed National Committee becomes the *liaison* between Canada and the International Foundation. Among the committee's first activities will be the study of the report, when published, of the recent survey of available facilities in London for advanced nursing education. The committee will be privileged to make suggestions, or, if need be, criticisms from time to time.

As Canadian nurses have shown interest in the Foundation by their generous support, it is hoped that they will assist further by making suggestions to their provincial conveners or the secretary of the National Committee. In this way Canada's contribution to the Foundation will be more than merely financial.

GRACE M. FAIRLEY.

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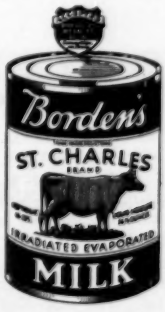

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REPORT OF THE NURSING EDUCATION SECTION

The activities of the Nursing Education Section for the past two years have evolved from three sources: Firstly, recommendations passed at the last biennial meeting affecting the organization and function of the Nursing Education Section itself, and of its Curriculum Committee. Secondly, the organization in 1934 of the Committee on Instruction as a subcommittee of the Nursing Education Section. Thirdly, the continued activities of the Curriculum Committee which was organized in 1932.

The curriculum project has been the chief actviity of the section for the past four years. At the time of the last biennial meeting, the Curriculum Committee was still engaged in securing and assembling data from various sources. During these last two years all information obtained has been evaluated and the curriculum has been prepared in tentative form for presentation at this biennial meeting.

The Committee on Instruction which was organized under the Nursing Education Section but two years ago, has made splendid progress. Provincial sub-committees have been formed and have become very active. Well organized programmes have been undertaken. This committee is being instrumental in drawing together more closely members in schools of nursing and in public health nursing organizations for the discussion of teaching problems, and of ways and means of broadening and enriching nursing education.

Reports from Provincial Sections as presented at the business meeting of the Section are particularly stimulating. Besides the activities relating to the Committee on Instruction and the curriculum work, refresher courses have been organized. The splendid attendance and active participation in these courses are sufficient to indicate their value.

At the meeting of the Section held on July 2, certain items of business were presented:

(1) The question of amending the membership clause as referred by the Executive Committee of the Canadian Nurses Association to the Section at the biennial meeting of 1934. The following re-wording of the membership clause was approved: "Any member of the Canadian Nurses Association who is interested in or engaged in nursing education may become a member of the Nursing Education Section."

(2) In regard to the proposed changes in the bylaws of the Section which were received from the Executive Committee of the C.N.A., the meeting approved the action of the executive of the Section in withholding the consideration of these changes until a later time.

(3) The question of the Curriculum Committee becoming a committee of the Canadian Nurses Association. The plan was given careful consideration, and as a result, was forwarded to the resolutions committee. In that the resolution presented recommends that the Curriculum Committee continue as a committee of the Section, the question of a possible plan of organization for the revision period was discussed, following which it was agreed that Miss Marion Lindeburgh continue as convener, with power to appoint her committee and to undertake an effective plan of provincial organization.

(4) Miss Gertrude Bennett, Ottawa Civic Hospital, was appointed convener of a subcommittee of the Curriculum Committee to undertake the work on records and with power to appoint her own committee.

(5) Miss Gladys Sharpe, Toronto, was reappointed national convener of the Committee on Instruction.

(6) The following officers of the Section were elected for the period 1936-38: Chairman, Miss Marion Lindeburgh, Montreal; vice-chairman, Miss Edith Amas, Saskatoon; secretary, Miss E. Frances Upton, Montreal; treasurer, Miss Agnes McLeod, Vancouver.

MARION LINDEBURGH, Chairman.

REPORT OF THE PRIVATE DUTY SECTION

There has been no activity in the Private Duty Section worthy of note since the last biennial meeting. With the exception of the secretary, the officers as elected in 1934 were unable to continue in office. The vice-chairman resigned soon after the meeting, and the chairman found it necessary to relinquish office last fall. The vice-chairman who was appointed by the Executive Committee late in 1934 has endeavoured to carry on. The members of the Section regret that these changes were necessary.

Early in 1935, the chairman, Miss Chisholm, and the secretary prepared a plan of study which was sent to each Provincial Section. Many report having used various parts of this plan in arranging their programmes. Interim reports are rather difficult to obtain from the

Provincial Sections; however, a report from the Section has been made to each meeting of the national executive committee. While it is regretted that the chairman has been unable to attend the executive committee meetings of the Canadian Nurses Association, the secretary has been in a position to represent the Section.

An executive meeting was held in Vancouver on June 30, with representatives from the provinces of Alberta, British Columbia, Manitoba, Ontario and Saskatchewan.

At the business session on July 2, the reports from the Provincial Sections showed considerable activity in most provinces: two report satisfactory systems of eight-hour duty in operation, while studies of that system are being made throughout the Dominion. Community nursing service bureaux are being considered in several centres. The publications committee asked for greater interest on the part of private duty nurses in procuring material for publication in *The Canadian Nurse* — six articles only have been forwarded during the past two-year period. Following a recommendation from the legislative committee of the Canadian Nurses Association a complete revision of the bylaws of the Section was undertaken. The proposed amendments were submitted to the Provincial Sections for study and criticism and then presented at the business session on July 2. A motion was passed that the amended bylaws should go into effect immediately they receive the approval of the executive committee of the Canadian Nurses Association. Also, it was agreed that the executive committee of the Section should be empowered to elect a second vice-chairman in order that the office might be filled at once.

The programme planned for the Section meeting centred around a paper by Miss Isabel MacIntosh, entitled "The Story of Registries." It is felt that registries as we know them today are not giving adequate service, but we have faith that before long we will have succeeded in arranging a service which will more completely serve the public and the profession. In Miss MacIntosh's absence, her paper was read by Miss Pearl Brownell.

The following resolution was passed by the Section: "Whereas it is felt that there is much information of vital interest to all nurses contained in the programmes of all Sections, and whereas, in the present arrangement it is possible for nurses to attend only one Section meeting, therefore be it resolved that a resolution be presented to the Canadian Nurses Association asking that the Section meetings be held at different times in order to allow those

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belonging to the other Sections to attend the meetings of all Sections."

Six of the nine Provincial Sections submitted nominations for the election of officers. From the ticket prepared the following officers were elected: Chairman, Miss Jean L. Church, Ottawa; vice-chairman, Mrs. F. V. Kennedy, Calgary; secretary-treasurer, Miss Helen E. Wills, Regina.

JEAN L. CHURCH, Chairman.

REPORT OF THE PUBLIC HEALTH SECTION

During 1934-36 the Public Health Section held four executive meetings and appointed committees on: Constitution and bylaws; publications; a Canadian Manual for public health nurses; to study the place of the public health nurse in social insurance schemes. In December, 1934, a suggested study outline was prepared and forwarded to the Provincial Public Health Sections. This outline included: (1) To understand community needs with particular reference to the public health nursing activities; (2) To find out if public health nursing services are adequate and to direct attention to needs that may be found; (3) To find out if public health nurses are adequately prepared for community work by schools of nursing and by self-study and staff education — and to foster educational measures where they appear to be lacking. Also, a questionnaire was sent to obtain information for a report to this General Meeting regarding the activities of the Sections and the development of public health nursing in Canada. These reports form a most valuable record and will be made available as soon as possible to each Provincial Section.

A total number of 42 general meetings and 31 executive meetings were reported by the Provincial Sections. In three provinces, subsections have been formed at various centres. All provinces have been active in educational plans and some have reported activities of a social nature as well. Prince Edward Island and Nova Scotia have not yet organized sections. Nova Scotia endeavoured to organize at their annual meeting in June, but without success. There is a total membership of 1,466 public health nurses from a total enrolment of 1,666 nurses engaged or interested in public health in Canada.

With regard to the activities of the Section at this convention, three executive and two business meetings were held, one a luncheon session with an attendance of 119, when Miss Elizabeth Smellie, C.B.E., dealt with some reported sins of omission and commission of public health workers. At an afternoon session, Miss Kathleen Leahy, director of the Ballard Health Unit near Seattle, explained the plan for community nursing experience for the students at the University of Washington, and Miss Nancy Dunn, M.B.E., supervisor of public health nursing service at the Peace River Block health unit, outlined the conditions and need for public health nursing in the Peace River District.

Business was transacted as follows: It was decided to defer action in regard to the preparation of a Canadian Manual for public health nurses. The bylaws of the Public Health Section were amended and conveners of committees were appointed for the ensuing two years as: Publications, the chairman of the Section, Miss A. E. Wells; education, Miss Elizabeth Smith; constitution and bylaws, Miss Margaret Kerr; study of place of public health nurse in social insurance schemes, Miss Catherine Maddin.

Three resolutions were reported by the resolutions committee and endorsed for presentation to the resolutions committee of the C.N.A.

It may be of interest to mention that provinces were represented at the meetings approximately as follows:

Alberta	6
British Columbia	86
Manitoba	9
New Brunswick	1
Nova Scotia	1
Ontario	12
Quebec	2
Saskatchewan	6

The officers of the Section were unanimously re-elected as follows: Chairman, Miss A. E. Wells, Winnipeg; vice-chairman, Miss Margaret Kerr, Vancouver; secretary-treasurer, Miss Isabel McDiarmid, Winnipeg.

On behalf of the visiting members of the Public Health Section I would like to express our deep appreciation of the delightful hospitality of the members of the British Columbia Association of Registered Nurses and to thank them for all the kindly and thoughtful arrangements made for our comfort and enjoyment.

A. E. WELLS, Chairman.

A LIBRARY HANDBOOK

Once more we are indebted to our American colleagues for a piece of work which will be almost as beneficial to us as to them. The subcommittee on libraries of the Curriculum Committee sponsored by the National League of Nursing Education has published "A Library Handbook for Schools of Nursing." As a result of this monumental task, which has extended over a number of years, we now have an authoritative guide which will be available in our Canadian schools of nursing. The chairman of the subcommittee was Miss Marian Rottman Fleming and active collaboration was given by the Bellevue School of Nursing through Ann Doyle, instructor, and Ethel Wigmore, librarian. Excellent co-operation was forthcoming from the libraries committee of the American Hospital Association, from the American Library Association and from the Medical Library Association. Isabel M. Stewart is the chairman of the Curriculum Committee and was closely associated with the enterprise especially in its earlier stages.

Thirty years ago the need for libraries in schools of nursing was pointed out by Miss Adelaide Nutting. Yet in 1932 the Committee on the Grading of Nursing Schools made this comment: "Half of the nursing schools in the country have less than 160 reference books in their school libraries. Seven per cent have no reference books at all. Only 11 per cent have 500 books or more. During the year, 15 per cent of the schools did not spend a single dollar for reference books, and half the schools of the country spent less than $35.00. A good professional library needs more generous expenditures than these."

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The Biennial Convention 1936 presaged vital developments in the field of Nursing Education.

In line with the basis of the new Curriculum are the texts listed below:

Smiley, Gould & Melby
Principles and Practice of Hygiene..... **$2.50**

Robinson & Kirk
Introduction to Psychology **$2.50**

Gardner
Public Health Nursing (1936)..... **$3.00**

Seymer
General History of Nursing **$2.75**

Goostray & Karr
Applied Chemistry for Nurses..... **$2.50**

Noyes
Textbook of Psychiatry (1936)..... **$2.50**

Mustard
Introduction to Public Health..... **$2.50**

All prices subject to 20% discount. Carriage paid.

Nursing Education in 1932, the following specific recommendations were made:

"No school of nursing can carry on a sound educational staff programme without a good reference library. Provision should be made annually in the budget for this. In addition to the reference material for the student groups, a part of the library budget should be used to provide material for staff education and for special reference for head nurses, ward instructors and supervisors. Several copies of each book facilitate the use of material when groups of students or staff members are using the same references. To be of value for any length of time it must be a growing library, for in a profession as changing as is nursing there is a rapidly growing body of literature. To be of the greatest value to the students and staff a full-time librarian is essential. She should be able to guide, direct and assist all who come for help. The same rules governing libraries in colleges should obtain, so that the maximum use may be made of the books."

The subcommittee at an early meeting in 1936, planned to make five library aids available:

(1) A brief manual of suggestions for administration of a nursing school library.

(2) A classification outline.

(3) A list of uniform subject headings for catalogues and fyles.

(4) A list of sources of free and inexpensive material.

(5) A list of recommended books and periodicals.

An extension of time for preparation of the book list has been granted by the Curriculum Committee. The list will be compiled in collaboration with nursing school librarians and faculty members, medical librarians and public and university librarians during the summer, and should be available in the fall of 1936.

In a letter sent to 300 schools, the directors were asked to check, in a list of ten points, those points on which they most needed help and to suggest other topics for consideration by the committee. A total of 373 letters and questionnaires were sent to directors by the committee and by individual state officers. In the 261 replies received, the individual schools checked points suggested by the committee as follows:

131 ask for help in book selection.

196 ask for list of sources of free and inexpensive material.
134 ask for classification outline.
126 ask for list of subject headings.
123 ask for suggestions for library administration.
129 ask for suggestions for care and fyling of periodicals.
157 ask for suggestions for care and fyling of pamphlets.
84 ask for advice about mending and binding.
131 ask for suggestions about financing a library.
57 ask for suggestions about securing a librarian.

The following letter is typical of many replies received, indicating a real desire to enlarge a school library service: "We have a good many books, but they are not made use of properly. There is no reason why the library should not be used unless it is because no one is in charge and no one is responsible for the books. They are not classified and no one knows whether they are all there. We have a library room in the Nurses' Home with library tables and chairs and sectional bookcases. Please send help for classification and and cataloguing and regulation of the use of books. We could assign a student or graduate to the library for a few hours per day."

It will be noted that the majority of schools reporting have less than 750 books in their libraries, spent less than $100 for books in 1935, and subscribe for fewer than ten periodicals. It is a hopeful sign that in thirty-eight of these schools there are full-time librarians, and in fifty-eight there are instructor-librarians; in only two, however, according to the reports, are the librarians professionally trained.

Part One of the handbook deals with the administration of a nursing school library and gives practical suggestions concerning organization, finance, physical equipment, and cataloguing. A list of fifty periodicals recommended for use in schools of nursing is given and there is a most helpful chapter giving sources from which free or inexpensive material may be obtained. In Part Two will be found a comprehensive description of the Bellevue School of Nursing list of subject headings. When the promised book list is also available — and even before — directors and instructors in schools of nursing will have at their disposal a reliable guide for organizing a library worthy of the name.

This Manual may be obtained from the National League of Nursing Education, 50 West 50th St., New York City. The price is $2.50.

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OBITUARY

BASTEDO — On June 8, 1936, the death occurred of Edna Bastedo, a graduate of the School of Nursing of Wellesley Hospital, Toronto. Miss Bastedo was a member of the class of 1915.

DEWAR — The death occurred on July 8, 1936, in Victoria, British Columbia, of Florence Gwendoline Dewar, beloved wife of James A. Dewar. Mrs. Dewar was a graduate of the School of Nursing of St. Joseph's Hospital, Victoria, and on the outbreak of war proceeded overseas with a British Columbia hospital unit, and served some time with the Imperial forces.

McQUADE—The death of Mary Irene McQuade occurred on Sunday, July 26, 1936, after a very brief illness. Miss McQuade was an honoured graduate from the School for Nurses of the Montreal General Hospital (class of 1925) and of the McGill University School for Graduate Nurses (class 1928). She volunteered her services in 1915 and served with the British Forces in France as a V.A.D. during the first three years of the Great War. She leaves a record of faithful service in the Laurentian Sanatorium; the Desert Sanatorium, Arizona; the Chippewa Hospital, Sault Ste. Marie, Ontario; the Woman's General Hospital, Montreal, where for six years she served as assistant superintendent and instructor of nurses. During the last months of her life she was a member of the staff of the Victorian Order of Nurses in Montreal.

SPENCER — The death occurred recently of Miss Marie Spencer, a graduate of the School of Nursing of the Hamilton General Hospital and a member of the class of 1934.

WRIGHT — The death of Mary Wright occurred on June 29, 1936. Miss Wright was a graduate of the Newton, Massachusetts, Training School, and went overseas with the Harvard Unit. She served in France at Camier, and later on joined the Canadian Nursing Service, and was on duty both at Brighton and Buxton. She was an active member of the Montreal Unit of the Overseas Nursing Sisters Association and her passing is deeply regretted. She leaves a precious memory, of her kind and gracious personality, as a sympathetic comrade and friend in times of illness.

NIGHTINGALE MEMORIAL FUND

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

Staff, Central Alberta, Sanatorium, Calgary	$ 5.50
Married Nurses and Interested Friends, Calgary	2.00
Staff and Students, Calgary General Hospital	15.15
A.A., University Hospital, Edmonton	10.00
Graduate Staff, University Hospital, Edmonton	23.25
Student Nurses, Edmonton General Hospital	5.00
Married Nurses and Interested Friends, Edmonton	10.50
Graduate Nurses Association, Lethbridge	10.00
Mrs. O. M. Findlay, Red Deer	1.00

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

BRITISH COLUMBIA

KAMLOOPS: During the past year the nurses of Kamloops have organized a Graduate Nurses Association. The officers elected are as follows: President, Mrs. M. Kelf; vice-president, Miss B. Bronke; secretary-treasurer, Miss B. McPherson; *social committee*, Miss K. Dayton, Miss E. Brown, Miss M. Bingham; *ways and means committee*, Miss E. Connor, Miss Palmer, Mrs. D. Warner. Several interesting and instructive addresses have been given by our doctors including an address given by Dr. J. S. Burris on thoracoplasty.

KAMLOOPS: The graduating exercises of the School of Nursing of the Royal Inland Hospital, Kamloops, were held recently, when six nurses received their diplomas and medals.

ONTARIO

DISTRICT 1

SARNIA: At the June meeting of the Alumnae Association of the Sarnia General Hospital Dr. Howard Carter gave an interesting talk on cancer. Miss Belknap, superintendent of nurses, gave an excellent paper entitled "Can you spare fifteen minutes?" The next meeting will be held in September. The following marriages are announced: Miss Barbara Culbert to Mr. James Youngman; Miss Alice C. Miller to Mr. George Whitam; Miss Gladys Rooke to Mr. David Rose; Miss Lenore Wellington to Mr. Keith Buchannan.

DISTRICTS 2 AND 3

BRANTFORD: Miss Jessie M. Wilson, assistant superintendent, Brantford General Hospital, has returned from Vancouver after attending the C.N.A. Biennial Meeting. She also visited Glacier and Yellowstone Parks. Miss Mary S. Meggitt is doing general duty in the Peel Memorial Hospital, Brampton. Miss Clara Biffin, operating room supervisor, Norfolk General Hospital, Simcoe, will spend a two months' vacation in England.

OWEN SOUND: The wedding is announced of Miss Thelma Foot to Mr. D. Earl Barkwell on July 11. The bride is a graduate of the Hamilton General Hospital and took a very active part in the activities of the Owen Sound Nurses Alumnae Association. On June 24, 1936, Miss Elizabeth Thompson was married to Mr. Elmer Armstrong. Mrs. Armstrong is a graduate of the School of Nursing of the Owen Sound General and Marine Hospital.

DISTRICT 4

HAMILTON GENERAL HOSPITAL: Miss J. Winnifred McGregor has resigned her position on the staff of Hamilton General Hospital and will be married in August.

MARRIED: On July 4, 1936, Miss Mae Hipwell (H.G.H., 1909) to Mr. John Lamont.

MARRIED: Recently, Miss Vera Dixon (H. G.H., 1931) to Mr. David E. Bridge.

MARRIED: On July 18, 1936, Miss Dorothy Woodhall (H.G.H., 1929) to Dr. James H. Wilfong.

DISTRICT 5

MARRIED: On May 15, 1936, Miss Agnes Reid Forrester (W.H., 1931) to Dr. Robert M. Harvie.

MARRIED: Recently, Miss Bertha M. Briggs (W.H., 1935) to John M. Hagen.

MARRIED: Recently, Miss Nancy Ernshaw (W.H., 1933) to Mr. W. Manson.

MARRIED: In May, 1936, Miss Isabel Tocher (W.H., 1932) to Dr. John Sinclair.

MARRIED: On June 6, 1936, Miss Edythe E. Bovair (W.H., 1936) to Mr. George W. Scrace.

MARRIED: Recently, Miss Alexandrina Onslow (W.H., 1920) to Mr. Harold Grice.

MARRIED: In May, 1936, Miss Evelyn Cudmore (W.H., 1928) to Dr. Cullen Bryents.

OSHAWA: The graduating exercises of the Oshawa General Hospital School of Nursing were held on June 3, 1936, when ten students were graduated. Mr. Norman Somerville, K.C., of Toronto, addressed the class and the Florence Nightingale Pledge was administered by the superintendent of nurses, Miss E. MacWilliams.

QUEBEC

JEFFERY HALE'S HOSPITAL: The Misses MacKay, C. Sillers, M. Buckley and Mrs. Buttermore attended the Biennial Meeting of the Canadian Nurses Association, in Vancouver. Mrs. E. E. Binet (Mae Silas, J.H.H., 1930) visited Quebec on her return from attending the meetings of the Canadian Medical Association in Victoria with her husband, Dr. Benit.

MONTREAL GENERAL HOSPITAL: In the little cemetery at Como lies buried Miss Norah G. E. Livingstone. The Alumnae Association of the Montreal General Hospital Training School has now erected a monument over her grave. The inscription on the stone of Barre granite over Miss Livingstone's grave reads:

Norah G. E. Livingstone, May 17, 1848–July 25, 1927. Erected by the Alumnae Association of the Montreal General Hospital Training School. *In Loving Memory.*

Miss Norena S. Mackenzie (1926) was chosen as the nurse to accompany a group of young women who are visiting the British Isles under the auspices of the Overseas Educational League. Miss Louise Shepherd (1928) has resigned from the Hamilton General Hospital and has gone to England for two months' vacation. Miss Winnifred Cooke (1924) has resigned the position of instructor of nurses at the Royal Jubilee Hospital, Victoria, B.C., where she had been for the last eight years, and will rejoin the teaching staff at the Montreal General Hospital. Miss Helen Hamilton (1933) is now in charge of Ward M after completing a year of study at the School for Graduate Nurses, McGill University.

MARRIED: On July 1, 1936, Miss Enid Coffin (M.G.H., 1932) to Dr. Charles Daykin.

MARRIED: On July 7, 1936, Miss Florence E. Randall (M.G.H., 1930) to Mr. Kenneth W. Fraser.

MARRIED: On July 8, 1936, Miss Ena H. Watson (M.G.H., 1932) to Mr. Lloyd F. Somerville.

MARRIED: On July 11, 1936, Miss Mary C. Hamilton (M.G.H., 1932) to Dr. William J. Gibson.

MONTREAL: Royal Victoria Hospital. The Canadian Nurses Association has bestowed its highest honour, the Mary Snively Memorial award, upon Miss M. F. Hersey, superintendent of nurses. Miss E. Allder and Miss M. Darville have returned from the Biennial Meeting of the Canadian Nurses Association full of praises of Vancouver, and the splendour of the Rockies. An informal party was held on August 1 in honour of Miss E. Jones (1928), who has resigned from the operating room staff; she is succeeded by Miss McKone (1935). Miss E. James (1927) has resigned from her position at the Alexandra Hospital, to become a member of the Victoria General Hospital, Halifax.

SASKATCHEWAN

SASKATOON: Miss Marion Bie (S.C.H., 1933), who recently attended the School for Graduate Nurses, McGill University, was awarded one of the medals awarded by the Lieutenant-Governor of the Province of Quebec. She has been appointed as instructor at the City Hospital School of Nursing, Saskatoon.

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Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

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District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Committee Conveners: Membership*, Miss I. Murray; *Programme*, Mrs. Blake; *Finance*, Miss Livingstone; *Nominating*, Miss Buckbee; *Permanent Education Fund*, Miss Souter; *Publications*, Miss C. Inrig; *Enrolment for War and Disaster*, Miss A. Boyd; *Local Council of Women*, Mrs. Stephen, Mrs. Haygarth.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors:* Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners: Private Duty*, Miss W. Worth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

District 8, Registered Nurses Association of Ontario

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Bldg.; *Councillors:* Misses M. Downey, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners: Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors:* Miss Elizabeth Gordon, Miss Alice Quinlan, Miss Sylvia Howard, Miss Florence Farr, Miss Mary Garvin, Miss Jane Thomas.

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Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Outpost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors:* Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

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Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

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Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

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BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss E. Smith; Secon Vice-President, Miss K. Gordon; Secretary, Miss S K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie

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Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council:* Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners: Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives:* to *the Press*, Miss R. McLellan; to *Local Council of Women*, Misses M. Duffield, M. Gray.

Victoria Graduate Nurses Association

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Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section*, Miss Higgens; *Social*. Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee Conveners: Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

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SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs .Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*. Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative* to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

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A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

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NEW BRUNSWICK

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ONTARIO

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